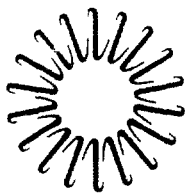


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BROWN UNIVERSITY
SCHOOL OF MEDICINE

14 October 1999

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

**Division of
Endocrinology**

593 Eddy Street
Providence, RI 02903
Tel 401 444-8344
Fax 401 444-4921

Re: Docket No. 99D-2636 - Levothyroxine Sodium

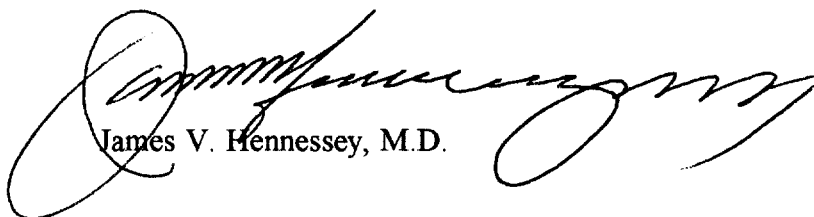
Ivor M.D. Jackson, MD
Physician-in-Charge
James V. Hennessey, MD
David B. MacLean, MD
Eduardo A. Nillni, PhD

Dear Sir or Madam:

As a thyroidologist with a long-standing interest in the question of whether one levothyroxine preparation can be substituted for another without retesting and retitration,¹ I understand from this draft guidance that FDA may soon be considering the question of whether one or more levothyroxine products is "bioequivalent" to another.

I believe that the question of bioequivalence must be answered with data derived from appropriately designed and conducted studies. I would hope that the Food and Drug Administration will establish a protocol which is clinically appropriate by conducting meetings to provide input from the clinical community. As you doubtless know, there is as yet little if any consensus in this area, and further thoughtful assessment is therefore in order.²

Sincerely,



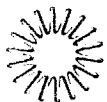
James V. Hennessey, M.D.

¹See, e.g., Hennessey et al., The Equivalency of Two L-Thyroxine Preparations, *Annals of Internal Medicine* 1985; 102:770-773.

² See, e.g., Wartofsky, Bioequivalence of Levothyroxine Preparations: Shortcomings and Implications of a recently Published Study. *The Endocrinologist* 1997; 7:322-333.

99D-2636

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